

## HOW I DO IT

### Nasal Reconstruction for Malignant Melanoma

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Patients undergoing extensive local excision for nasal melanoma are greatly burdened by the disfigurement of such a procedure. We describe our technique of immediate forehead flap reconstruction in a patient with localized nasal melanoma.

A 67-year-old male presented with a large pigmented lesion on the nose to the Dermatology Service (Fig. 1). Biopsy proved the lesion to be a deep malignant melanoma and the patient was referred to surgery. A wide excision including a portion of the septal cartilage was

removed. The septum was approximated with 4-0 chromic suture. Intraoperative duplex ultrasound identified the supratrochlear vessels. The forehead donor site was

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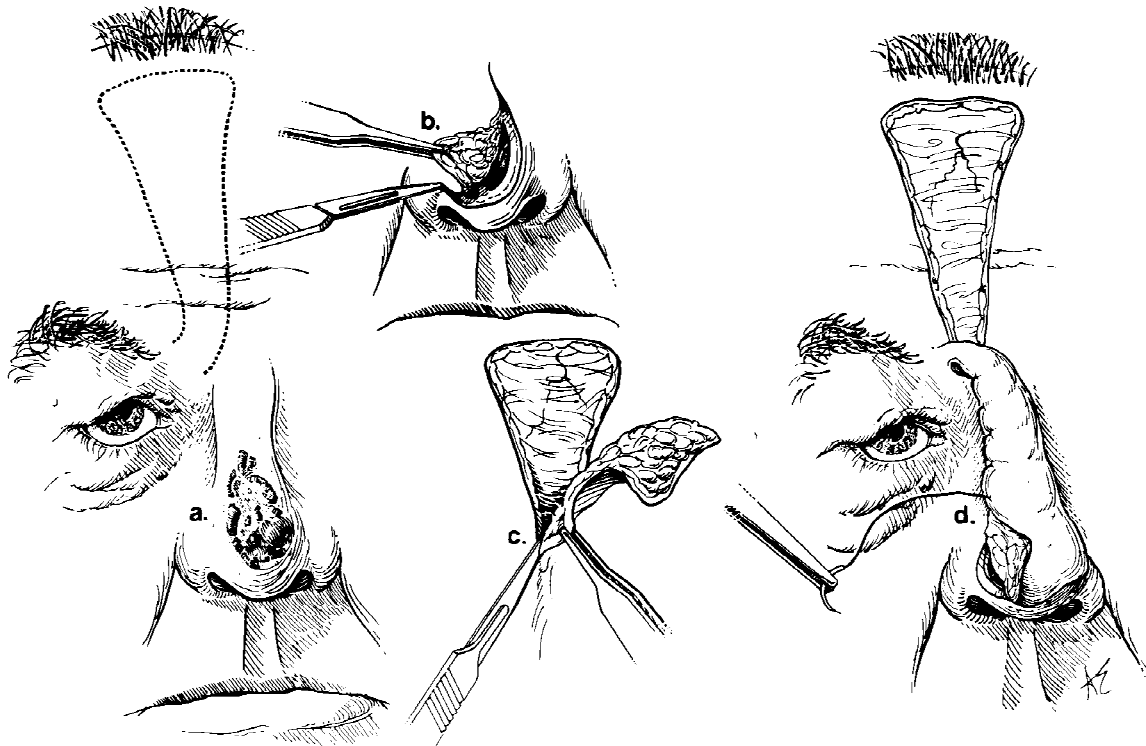


Fig. 1. a: Melanoma of the nose. b: Excision of the melanoma. c: Preparation of the forehead flap. d: Attachment of the flap.

then undermined. The bilobed flap was rotated and sutured at the nasal defect with 5-0 mercilene and 5-0 nylon. The forehead defect was approximated primarily. The pedicle was transected 6 weeks later with adequate cosmetic result (Fig. 2).

We believe this procedure is an effective method of immediate nasal reconstruction for malignant melanoma.

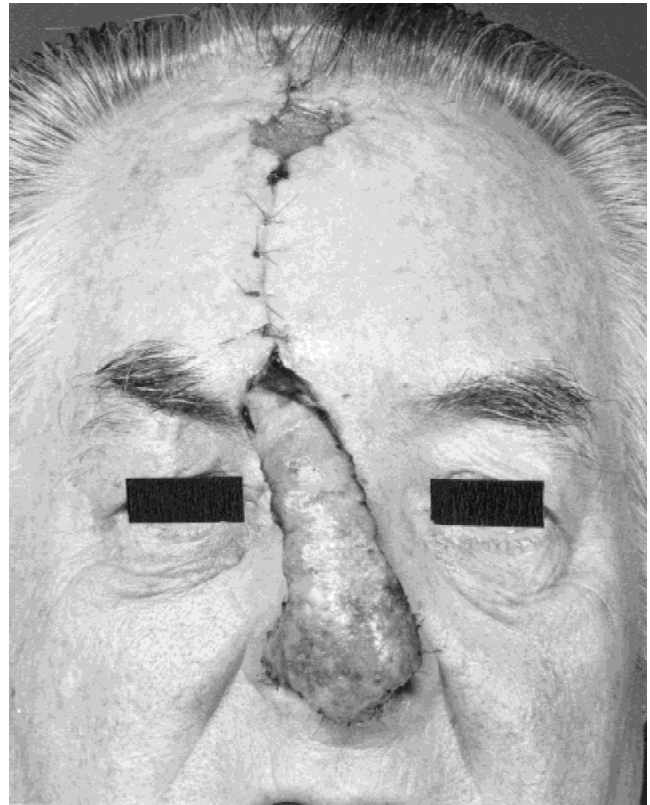


Fig. 2. Complete reconstruction of the paramedian forehead flap onto the nose. The patient is doing well with complete recovery of his transposed nose.